

FLAG REQUEST FORM

Purchaser's Information (Please fill out all fields)

Purchaser's name: _____

Street Address: _____

Street Address Continued: _____

City: _____ State: _____ Zip: _____ +4: _____

Purchaser's Telephone (Please fill out all fields)

Phone Number (for questions regarding your order): _____

Purchaser's Email Address: _____

Ship to Information (Please fill out all fields)

Ship To Name: _____

Street Address: _____

Street Address Continued: _____

City: _____ State: _____ Zip: _____ +4: _____

Ship to Telephone: _____

Phone number (for questions regarding delivery problems): _____

Flag Selection (Please include number of flags requested and one check payable to **Office of Rep. Chip Cravaack, 508 Cannon House Office Building, Washington, DC 20515**)

	Price for Flags Flown Over Capitol	Price for Flags NOT Flown Over Capitol
3x5 Nylon	_____ @ \$13.05	_____ @ \$9.00
3x5 Cotton	_____ @ \$13.30	_____ @ \$9.25
4x6 Nylon	_____ @ \$17.55	_____ @ \$13.50
5x8 Cotton	_____ @ \$22.05	_____ @ \$18.00
5x8 Nylon	_____ @ \$24.05	_____ @ \$20.00

Flag presented to (name as it should appear on the certificate): _____

Special occasion: _____

Requested date for flag to be flown: _____